FORM D

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UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB Approval								
OMB Number:	3235-0076							
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GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Executive Officer ☐ Director General Partner Check Box(es) that Apply: □ Promoter Beneficial Owner Full Name (Last name first, if individual) CapitalWorks SVP II, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1111 Superior Avenue, Suite 970, Cleveland, Ohio 44114 General and/or Check Box(es) that Apply: Beneficial Owner Executive Officer □ Director Promoter **Managing Partner** Full Name (Last name first, if individual) McCreary, III, Robert G. Business or Residence Address (Number and Street, City, State, Zip Code) 1111 Superior Avenue, Suite 970, Cleveland, Ohio 44114 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name first, if individual) Mueller, John M. Business or Residence Address (Number and Street, City, State, Zip Code) 1111 Superior Avenue, Suite 970, Cleveland, Ohio 44114 General and/or Check Box(es) that Apply: Beneficial Owner Executive Officer □ Director Promoter Managing Partner Full Name (Last name first, if individual) Martin, W. Todd Business or Residence Address (Number and Street, City, State, Zip Code) 1111 Superior Avenue, Suite 970, Cleveland, Ohio 44114 ☐ Director General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Managing Partner Full Name (Last name first, if individual) **Key Capital Corporation** Business or Residence Address (Number and Street, City, State, Zip Code) OH-01-02-1046, 800 Superior Avenue, 10th Floor, Cleveland, Ohio 44114 ☐ Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter General and/or Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING																
Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.										Yes	No ⊠					
2. What is the minimum investment that will be accepted from any individual?											<u>\$ 25</u>	,000				
							•		•					Yes	No	
3.	3. Does the offering permit joint ownership of a single unit?									\boxtimes						
4.	indirect sales of dealer more	ctly, an of secur registe than fiv	y communities in ered with ve (5) p	nission the offe h the S ersons t	or simil ring. If EC and/	ar remu a perso or with ted are	meration n to be l a state associate	n for so isted is or state ed perso	licitation an assoc s, list th	n of pur ciated po e name	rchasers erson or of the	in com agent of broker of	, directly or nection with f a broker or or dealer. If you may set			
Full Name (Last name first, if individual)																
Bus	siness o	or Resi	dence	Addres	s (Num	ber and	Street	City,	State, Z	ip Cod	e)					<u> </u>
Nar	me of A	Associa	ated Br	oker o	Dealer											
					Has So					urchas	ers		***********	All State	s	
[A	AL]	[AK]	[AZ]	(AR)	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[]	L]	[IN]	[IA]	[KS]	(KY)	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[]	AT)	(NE)	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
<u>(F</u>	स्म	[SC]	[SD]	[TN]	[ХТ]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Ful	l Name	e (Last	name	first, if	individ	ual)										
Bus	iness o	от Resi	dence	Addres	s (Num	ber and	Street	, City,	State, Z	ip Cod	e)			_		
Nar	ne of A	Associa	ated Br	oker o	Dealer	•										
					Has So ndividu							••••••		All State	es.	<u> </u>
[A	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	(FL)	[GA]	[HI]	[ID]			
[]	L]	[IN]	[IA]	[KS]	[KY]	(LA)	[ME]	(MD)	[MA]	[MI]	[MN]	[MS]	[MO]			
_	-	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	(OK)	[OR]	[PA]			
<u> </u>	₹1]	[SC]	[SD]	[TN]	[XX]	[עד]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Ful:	l Name	e (Last	name	first, if	individ	ual)	_				_					
Bus	Business or Residence Address (Number and Street, City, State, Zip Code)															
Naı	me of A	Associa	ated Br	oker o	Dealer									•		
					Has So ndividu									All State	es	
	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	(HI)	[ID]			
[j	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
(N	/T]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
12	RII	(SC)	(SDI	ITNI	ITXI	ПJT	IVTI	ΓVΔ1	IWAI	IWV1	rwn	IWYI	(PR)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\square\) and indicate in the column below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security				
			Aggregate Offering Price	A	mount Already Sold
	Debt	\$_ _	0	s_	0
	Equity	s_	0	\$	00
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	S	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (specify)limited partnership interests	_\$	50,000,000	\$	42,875,000
	Total	_\$	50,000,000	<u>\$</u>	42,875,000
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Oollar Amount of Purchases
	Accredited Investors		59	S	42,875,000
	Non-accredited Investors		0	s_	0
	Total (for filings under Rule 504 only)		N/A	S_ _	N/A
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of offering				
			Type of	Ι	Dollar Amount
	D 1 coc		Security		Sold
	Rule 505		N/A	\$_	0
	Regulation A		N/A	\$ <u>_</u>	
	Rule 504	_	N/A	ş_	
	Total	_	<u>N/A</u>	3	0
₩.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			s	
	Printing and Engraving Costs		\boxtimes	s_	11,800
	Legal Fees		⊠	s _	<u>77,000</u>
	Accounting Fees			\$ _	
	Engineering Fees			s _	
	Sales Commissions (Specify finder's fees separately)			\$ _	
	Other Expenses (identify) Marketing Expenses		⊠	S _	10,900
	Total		⊠	s_	99,700

b. Enter the difference between the aggregate of 1 and total expenses furnished in response to Par gross proceeds to the issuer."	t C-Question 4.a. This difference is the	"adjusted		900,300			
for each of the purposes shown. If the amount if and check the box to the left of the estimate.	ndicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used or each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the djusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above						
			Payments to Officers, Directors, & Affiliates	Payments To Others			
Salaries and fees		\boxtimes	\$ <u>8,750,000</u> [\$ <u>0</u>			
Purchase of real estate		sestion 4.a. This difference is the "adjusted sto the issuer used or proposed to be used purpose is not known, furnish an estimate otal of the payments listed must equal the se to Part C-Question 4.b. above Payments to Officers, Directors, & Payments To Affiliates Others					
Purchase, rental or leasing and installation of	machinery and equipment						
Construction or leasing of plant buildings and	facilities		s <u> </u>	\$ <u>0</u>			
offering that may be used in exchange for the	assets or securities of another issuer	0	\$ <u> </u>	3 \$ 41,150,300			
Repayment of indebtedness	1841163118411144861841841841848414444444444		\$0 <u></u>	s <u> </u>			
Working capital (to be called as needed)	1		\$ <u> </u>	s <u> </u>			
Other (specify)							
			<u>\$ 0 [</u>	¬ \$ 0			
Column Totals		\boxtimes	\$ 8,750,000 [\$ 41,150,300			
Total Payments Listed (column totals added)	\$ 0						
	D. FEDERAL SIGNATUR	E					
signature constitutes an undertaking by the issuer t	o furnish to the U.S. Securities and E	xchange C	ommission, upon writt	er Rule 505, the following en request of its staff, th			
Issuer (Print or Type)	Signature						
Short Vincent Partners II, L.P.	PGMc Quy	סטומוןפ					
Name of Signer (Print or Type)	Title of Signer (Print or Type)						
Robert G. McCreary, III	Chairman, CapitalWorks SVP II, LLC	, its Gener	al Partner				
	e left of the estimate. The total of the payments listed must equal the othe issuer set forth in response to Part C-Question 4.b. above Payments to Officers, Directors, & Payments To Affiliates Others						
	ATTENTION						

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATU	RE					
1.	Is any party described in 17 CFR 230.262 present	ntly subject to any of the disqualific	cation provision	s of such rule?	Y e s □	No ⊠		
		See Appendix, Column 5, for stat	e response.					
2.	The undersigned issuer hereby undertakes to fur D (17 CFR 239.500) at such times as required by		any state in whi	ch this notice is filed, a n	otice on Fo	m		
3.	. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.							
	e issuer has read this notification and knows the lersigned duly authorized persons.	e contents to be true and has duly	caused this ne	otice to be signed on its	behalf by t	ihe		
Issi	uer (Print or Type)	Signature		Date				
Sho	ort Vincent Partners II, L.P.	76McQu	شب	8/18/08	1			
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)	0					

Chairman, CapitalWorks SVP II, LLC, its General Partner

Instruction:

Robert G. McCreary, III

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

 \mathbb{END}